

Metro Government Injured-On-Duty Pharmacy Program

Retail Pharmacy Authorization Form

First Fill – Temporary Prescription Card

Mitchell ScriptAdvisor (formerly known as PMOA), an Alternative Services Concepts (ASC) partner, will assist you in obtaining prescription drugs related to your Injury on Duty (IOD) claim. This form enables you to fill prescriptions written by your authorized IOD physician for medications related to your injury. Simply fill in the form below and present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription.

For your convenience, **Mitchell ScriptAdvisor** has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number 866-846-9279 or visit our website at **www.ipsusa.com** use the pharmacy locator.



Employee

- For temporary enrollment purposes only. This form must be presented to your local in-network pharmacy to obtain your initial prescription.
- Please note: you may receive a permanent IOD prescription ID card in the mail for your injury.



Pharmacy

- This sheet is a Temporary Prescription ID Card for a 10 Days' Supply Fill until this individual's permanent card can be provided.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

| Mitchell ScriptAdvisor | | | |
|--|---------|--|-------------------|
| Temporary Prescription Benefit Card | | | |
| Member Name: Member ID #: | | | SCRIPT CARE, LTD. |
| ASC25 + LAST 4 SS + Date of Injury (MMDDYY) (ID Example: ASC256789101218) | | | |
| Rx BIN: 004410 | PCN:SCI | | ASC25A |

For questions regarding your IOD prescription drug plan, contact Mitchell's customer service department at 1-866.846.9279

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